

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172

PRELICENSURE NURSING PROGRAM (PON): CLINICAL INSTRUCTOR RECORD
(Clinical Faculty are defined as those individuals that will be supervising students in the clinical or lab areas)
To be submitted to KBN by PON Nurse Administrator within 30 days of appointment.

Submitted By: _____ Campus/Location: _____
Name of College/University- DO NOT ABBREVIATE

Type of Program: ☐ BSN ☐ ADN ☐ MEEP: PN & ADN ☐ PN
(Multiple Entry and Exit Program)

Name of Appointee: (name as it appears on their nursing license)

Last Name First Name Middle Name Maiden Name

Social Security #: _____ Employment Status: ☐ Full- time ☐ Part- time

License #: _____ Compact State: ☐ Yes ☐ No State of Primary Residence: _____ Expires: _____

License has been verified on line at the Board of Nursing website: ☐

License is Active & Unencumbered: ☐ Yes ☐ No, explain: _____

Appointment Date (mm/dd/yy): ____/____/____

E-Mail Address: _____@_____

"Earned" Nursing Educational Degrees: (Check all that apply)

(NOTE: Clinical faculty must have a minimum of two (2) full-time or equivalent years experience within the functional area as an RN within the immediate past five (5) years)

☐ Diploma - School Name: _____ YR: _____ ☐ Masters in Nsg-School Name: _____ YR: _____
☐ Associate - School Name: _____ YR: _____ ☐ Post Masters Cert.: _____ YR: _____
☐ Bachelors - School Name: _____ YR: _____ ☐ Doctorate in Nsg/ Other Field: _____ YR: _____

Date of Initial licensure as RN: ____/____/____
Month year

Additional "Earned" Non-Nursing Education Obtained:

College/University	Degree	Degree Awarded
_____	_____	Yr _____
_____	_____	Yr _____
_____	_____	Yr _____

All Clinical Instructors must be RNs.

For Registered Nurse educational programs, the educational preparation of the clinical instructor shall at least equal the level of the appointing program.

Currently enrolled at:

College/University	Degree Pursuing	Expected Graduation	# credits earned
_____	_____	Sem/ Yr _____	_____
_____	_____	Sem/Yr _____	_____

Areas of Clinical Specialty: _____

Clinical Teaching Responsibilities Include What Specialties: _____

Answer the following questions with respect to this appointment

The Kentucky regulations dictate that nursing faculty meets the following criteria.

- Minimum of two (2) years full time or equivalent experience within the designated clinical functional area within the last five (5) years? ☐ Yes ☐ No
- Graduated from a college/university that is accredited by the Department of Education: ☐ Yes ☐ No
Has graduation been confirmed by an official transcript from the degree granting institution? ☐ Yes ☐ No
If an ADN Program and working on MSN, provide a copy of plan for degree completion.
- The clinical instructor shall function under the guidance of the nurse faculty responsible for a given course. The faculty member that will be overseeing the course and clinical instructors is: _____

I certify that the information contained herein is correct and complete to the best of my knowledge.

Signature of Appointee

Date

Signature of Nurse Administrator

Date

Office Use Only: Review Date: _____ By: _____ KBN #: _____ Entered: _____
Codes: ☐ None Other: _____ Letter Sent: ☐ Education Needed ☐ Name Change ☐ License other state Revised '03, '04, '07, 11/08